PATENT APPLICATION FEE DETERMINATION RECORD Effective October 1, 2000

pplication or Docket Number

PA. SISZ-RFB

CLAIMS AS FILED - PART I								SMALL ENTITY			OTHER THAN	
	FAL OLAIMO		(Column 1)		(Column 2)			TYPE		OR	SMALL	ENTITY
TOTAL CLAIMS			11					RATE	FEE		RATE	FEE
FOF	3		NUMBER FILED		NUMBER EXTRA			BASIC FEE	355.00	ОЯ	BASIC FEE	710.00
TO1	AL CHARGEA	BLE CLAIMS	// minus 20=		. 0			X\$ 9=		OR	X\$18=	O
INDEPENDENT CLAIMS mis				nus 3 = ° O				X40=		OR	X80=	ω
MULTIPLE DEPENDENT CLAIM PRESENT								+135=		OR	+270=	
* If the difference in column is less than zero, enter						olumn 2		TOTAL		OR	TOTAL	710
SCLAIMS AS AMENDED - PART II						(Column 3)	.	SMALL	ENTITY	OR	OTHER SMALL	THAN
٧	4	CLAIMS REMAINING AFTER AMENDMENT		HIGH	EST BER	EST BER PRESENT DUSLY EXTRA	֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֡֓֓֓֓֓֡֓֓֡֓֡	RATE	ADDI- TIONAL		RATE	ADDI- TIONAL
MEN					FOR				FEE			FEE
AMENDMENT A	Total	•	Minus	**				X\$ 9=		OR	X\$18=	
	Independent		Minus	e.	7 01 484	<u> -</u>	-	. X40=		OR	X80=	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							j	+135=		OR	+270=	
	1 .							TOTAL		OR	YOYAL	
4/2/a										ADDIT. FEE		
_		(Column 1) CLAIMS			HEST	(Column 3)	4		ADDI-	1		ADDI
AMENDMENT B		REMAINING AFTER		PREV	ABER IOUSLY	PRESENT EXTRA		RATE	TIONAL		PATE	ADDI- TIONAL
	Total	• 15	Minus	- 2	FOR	· A	1	25.00 X3.9	FEE		50.00 -X618=	FEÉ
N N	Independent	1 3	Minus		7	=0	1	100:00		OR	200,00	K
₹	FIRST PRESENTATION OF		ULTIPLE DEPENDEN		T CLAIM		1	7402		OR		$\vdash \setminus \vdash$
Best Available Copy								+135=		OR	+270=	
								YOTAL ADDIT: FEE	Ŀ]99	ADDIT. FEE	
9	1/66	(Column 1)		(Colu	ımn 2)	(Column 3)_					
AMENDMENT C		CLAIMS REMAINING			HEST MBER	oorees.	7		ADDI-	1		ADDI-
		AFTER AMENDMENT		PREV	OUSLY FOR	PRESENT	RATE		TIONAL FEE	ł	RATE	TIONAL
	Total	. 15	Minus	3		.0	7	X\$ 9=	FEE	OR	X\$18=	/ "
	Independent	. 3	Minus	•••	3	-0	1	X40=		1	You	
	FIRST PRESENTATION OF MULTIPLE DEPENDER			IT CLAIM]			OR		-	
+13										OR	+270=	
~	"If the entry in column 1 is less than the entry in column 2, write "O" in column 3. "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ADDIT. FEE											
		umber Previously mber Previously P						ound in the ac	corporiate bo	x in c	olumn 1.	